SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 96 ATR 29 ATTO: 66 N95000002491 (7) **DOCUMENT #** WOODLAND FIELD, INC. Mailing Address Principal Place of Business 8236 MONCRIEF DINSMORE RD. 8236 MONCRIEF DINSMORE RD JACKSONVILLE FL 32219 JACKSONVILLE FL 32219 \*\*\*\*\*61.2S 3a. Date of Last Report 3. Date Incorporated or Qualified 05/25/1995 Applied For 2. Principal Place of ROTEF DINSMORS RD2a. Mailing Address 8238 M 4. FEI Number 8236 MONCRIEF DINSMORE RD Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. N/A Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State JACKSONVILLE JACKSONVILLE FLORIDA Added to Fees FLORIDA Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip 32219 DUVAL Yes No 32219 DUVAL Florida Statutes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WOODLAND FIELD, INC. Street Address (P.O. Box Number is Not Acceptable)
HARRIETT HUGHES WALLACE, DANIELS, GROVER D ADMINISTRATOR 16411 SOUTEL DRIVE 83 HACKSONVILLE FL 32219 8236 MONCRIEF DINSMORE ROAD Zıp Code City 11. Pursuant to the provisions of Jections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. Buth change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of Section 917.0503, Florida Statutes. d Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12 Change Addition HARRIETT H. WALLACE, PRESIDENT 1.1 TITLE TITLE 2E037 12 NAME NAME 2438 GRAND STREET 1.3 STREET ADDRESS STREET ADDRESS N/A JACKSONVILLE FL 32208 1.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE NEPTUNE A. WALLACE, III VICE PRES. 2.2 NAME NAME 2438 GRAND STREET 2.3 STREET ADDRESS N/A STREET ADDRESS JACKSONVILLE ान 32208 2.4 CITY - ST - ZIF CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS N/A 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS N/A N/A 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE Walander 52 NAME 5.3 STREET ADDRESS STREET ADORESS N/A 5.4 CiTY - ST- ZIP TY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NATE **6.3 STREET ADDRESS** N/A N/A STREET ADDRESS 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the deriporation or the receiver or vustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address. SIGNATURE:

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